

INSTRUCTIONS FOR
APPLICATION FOR CERTIFICATE OF ELIGIBILITY FOR THE HEALTH
INSURANCE PREMIUM TAX CREDIT FOR INDIVIDUALS

INDIVIDUAL APPLICANT FIRST NAME

Please print the applicant's first name.

INDIVIDUAL APPLICANT LAST NAME

Please print the applicant's last name.

INDIVIDUAL APPLICANT ADDRESS NUMBER AND STREET OR PO BOX and
CITY, STATE, ZIPCODE

*Please print the applicant's mailing address. This is necessary for the
applicant to receive a Certificate of Eligibility in the mail.*

INDIVIDUAL APPLICANT DAY-TIME PHONE NUMBER

*Please fill in the phone number at which the applicant can be reached
during the day. This is very important should the applicant move during the
course of the two-year period over which the Certificate of Eligibility can be
renewed.*

FAMILY SIZE

*Enter a number that represents the total count of the applicant, the
applicant's spouse and the number of dependent children. This number is
necessary to determine if the applicant falls within the income guidelines set out
in law.*

CHECK ONE:

*Check the first box if this application is for health insurance coverage only
for the applicant.*

*Check the second box if this application is for one or more dependent
children but not the applicant. Be sure to write the number of dependent children
for which health insurance coverage is planned.*

*Check the third box if the application is for health insurance coverage for
applicant plus spouse OR applicant plus dependent children OR applicant plus
spouse plus dependent children.*

GROSS YEARLY INCOME

*Please write in the total household income from all sources. This is
necessary to determine if the applicant falls within the income guidelines set out
in law.*

CHECK ONE:

Check the box which describes your resident status.

This application must be signed by the applicant and dated. Failure to complete the form in full will result in processing delays and could result in denial because all funds have been allocated. Failure to complete the form accurately will result in denial.